

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90010 040 ***150.00

DOCUMENT # 823195

1. Entity Name
WILLIAM GRANT & SONS, INC.

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|---|--|
| Principal Place of Business 130 FIELDCREST AVENUE PO BOX 997 RARITAN CENTER (08818) EDISON NJ 08837 | Mailing Address 130 FIELDCREST AVENUE PO BOX 997 RARITAN CENTER (08818) EDISON NJ 08837-3620 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 22-1757718 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE - 105 TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE PD | <input type="checkbox"/> Delete | TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ANDERSON, DEREK | | NAME VPD | |
| STREET ADDRESS 666 GREENWICH ST APT 601 | | STREET ADDRESS 666 GREENWICH ST APT 1029 | |
| CITY-ST-ZIP NEW YORK NY | | CITY-ST-ZIP NEW YORK NY 10014 | |
| TITLE V | <input type="checkbox"/> Delete | TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KLAUBER, STEVEN | | NAME VPD | |
| STREET ADDRESS 9 TUPPENCE RD | | STREET ADDRESS VPD | |
| CITY-ST-ZIP MANALAPAN NJ | | CITY-ST-ZIP VPD | |
| TITLE S | <input type="checkbox"/> Delete | TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NAPIORSKI, RAYMOND | | NAME VPD | |
| STREET ADDRESS 65 WEST FRANCIS ST | | STREET ADDRESS VPD | |
| CITY-ST-ZIP ISELIN, NJ 0 | | CITY-ST-ZIP VPD | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CARRETTA, RICHARD L | | NAME VPD | |
| STREET ADDRESS 141 FOUR WINDS DR | | STREET ADDRESS 96 BATTIN RD | |
| CITY-ST-ZIP MIDDLETOWN NJ 07748 | | CITY-ST-ZIP Fairhaven NJ 07704 | |
| TITLE VPD | <input checked="" type="checkbox"/> Delete | TITLE VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GOSLER, JOEL | | NAME LAWEE, DANIEL | |
| STREET ADDRESS 6 HALF MOON ISLE, PT. LIBERTE | | STREET ADDRESS 31 Mountain Laurel | |
| CITY-ST-ZIP JERSEY CITY NJ 07305 | | CITY-ST-ZIP Dove Canyon CA 92679 | |
| TITLE VPD | <input type="checkbox"/> Delete | TITLE VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TEASDALE, MARK | | NAME VPD | |
| STREET ADDRESS 660 SUMMIT AVE | | STREET ADDRESS 78 ROAD ST, APT 3C | |
| CITY-ST-ZIP WESTFIELD NJ 07090 | | CITY-ST-ZIP New York NY 10007 | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **4/03/00** **732 225-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)